

PERISCOPE.

By DR. N. E. BRILL.

PHYSIOLOGY OF THE NERVOUS SYSTEM.

A CONTRIBUTION TO THE STUDY OF THE PERIODICAL PSYCHOSES. By E. Mendel, (Berlin) Allgemeine Zeitschrift f. Psychiatrie, etc. Bd. xlv., heft. 6.

After giving a history of the description of this form of alienation beginning with Aristotle and terminating with von Krafft-Ebbing, the author adds in addition to the following forms, a fourth group which he calls Periodic Paranoia. These forms are as follows :

1. Periodical mania.
2. Periodical melancholia.
3. Periodical Hallucinatory Delirium.
4. *Periodical Paranoia.*

The accompanying histories will serve to distinguish this last named group.

Case 1. H—, 33 years old, merchant. No obtainable proof of hereditary taint ; was always well until five years ago. At that time, after business annoyances and cares, the first attack of psychological disturbance appeared, which regularly returned at intervals of four months.

The attack begins usually, without a defined premonition, with insomnia and a rush of blood to the head, with red face and congested eyes, darting pains in the temples, etc. Then he hears voices in the street and in his room calling his name, and speaking about him ; he has a sweet taste in the mouth (in one attack 0.5 per cent of sugar was found in the urine); refused food for a few days, and had the delusion that his relatives and wife were conspiring to poison him. He kept a revolver at nights under his pillow to defend himself against his enemies. Notwithstanding he attended to his business, he related to his customers that he was the ablest merchant, that he saw a good deal of the world, and that his competitors were stupid. At the Emperor's jubilee he sent to

him (he was a small merchant in a small town) a congratulatory message written on white satin, and said that he would be decorated for it. In one of his attacks he said his father was the son of Ballachini, and that thereby he himself was in possession of all the latter's secrets.

No motor disturbances were observable: If he were not removed he would attend to his business during his attacks. In addition to his delusions he was distrustful, depressed, and at times emotionally exalted.

The attack itself lasted three to four weeks, gradually disappearing, leaving the patient moody and distrustful. Then he retains a full knowledge of his illness, which he describes as a persecuting insanity.

Case 2. Miss Z—, 25 years old. No history of insanity in the family, although the mother is an easily excitable, nervous woman. Since six years, at pretty regular intervals of a year, attacks appeared, the last of which the author saw. This one was said to be identical with the previous ones.

The attack begins with visual, auditory and olfactory hallucinations. The patient draws away from her former surroundings, speaks very little, at times refuses food, is usually quiet and keeps to her bed. The delusions, which can only be brought out with great difficulty, are as follows :

She believes that she is persecuted by the Emperor, who wishes to arrest her, and she saw on the street how the gendarmes followed her, therefore she does not dare to go out. The Emperor does this in order to prevent her taking the rank to which she was born, viz. : a princess, who had been put under the charge of a mother who was not her real mother. The attacks last three to four months, and usually end quite suddenly. After a short time every trace of the attack vanishes.

Case 3. A woman, 51 years old, widow, with an aunt on the mother's side insane, and a son of the same aunt likewise. She was always healthy up to the time of first attack, and has three children who are healthy.

The delusional history is almost identical to that of case 2, viz. : born in high rank, brought up by a woman who, although asserted to be her mother is not her mother; one of her own sons is the crown prince, and she is the daughter of the Emperor, who repeatedly visits her in her room. Her children were exchanged

through an opening behind a mirror in the wall of her room, etc. She loses flesh during her attacks and frequently refuses food. However, she is very quiet, and in one attack, treated at home, she suddenly became well. She explained one morning that during the night she became suddenly better, and that everything which she said had been nonsense. The attacks ending in this manner re-appeared four times in as many years.

These cases showing a combination of persecutory and grandioso delusions in the absence of somatic changes, without epileptic or hysterical antecedents or concomitants, are unknown in mania as in melancholia, and are characteristic of paranoia. That there cannot be relapses of the same condition the author asserts for the same reasons which he adduces in differentiating a relapse in mania from a periodical mania. (*Die Manie*, p. 75.)

THE INCREASE OF PARALYTIC DEMENTIA. By Dr. Otto Snell (Munich). *Allgemeine Zeitschrift f. Psychiatrie*, etc. Vol. xlv., bd. 3 ; heft. 6.

It is very doubtful whether the oft-expressed assertion that this century has been characterized by an increase in mental diseases, and by those conditions to which the names of neurasthenia and nervousness have been applied, is true. The fact that hospitals and asylums show an increased number of patients is no proof, for such was the condition of asylums and the treatment of its inmates that people rightly refrained from sending any of their relatives to such places. With the improvement in the care of the insane, confidence in asylums increased so that finally their advantages were called into requisition, and patients who were formerly kept at home and did not come under the observation of alienists were soon transported to those institutions. Under these conditions a much larger number of the insane came under treatment than formerly, and since statistics of the insane treated outside of asylums give but uncertain results, it becomes very difficult to determine what proportion of this apparently rapid increase in psychical disturbances is to be ascribed to these different conditions.